

UNAIDS BEST PRACTICES: SCHOOL AIDS EDUCATION CATEGORY
The Kenya Youth Initiatives Project

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Abbreviations

AIDS	acquired immune deficiency syndrome
CSA	Center for the Study of Adolescence
FGD	focus group discussions
GHC	geography, history and civic education
HIV	human immunodeficiency virus
HS	home science
IEC	information, education and communication
FLE	family life education
FPAK	Family Planning Association of Kenya
FPPS	Family Planning Private Sector
JHU/PCS	Johns Hopkins University/ Population Communication Services
KAPAH	Kenya Association for the Promotion of Adolescent Health
KYIP	Kenya Youth Initiatives Project
MOE	Ministry of Education
MOH	Ministry of Health
NCPD	National Council for Population and Development
NGO	non-governmental organization
RH	reproductive health
Std	standard
STDs	sexually transmitted diseases
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
YSOs	youth serving organizations

BEST PRACTICES IN SCHOOL AIDS EDUCATION

EXECUTIVE SUMMARY

The HIV/AIDS epidemic has been described as the greatest threat to humanity in the 20th century. To date, 47 million people have been affected. Young people are disproportionately affected by HIV and AIDS. Around half of new infections are among people aged 15 - 24. If the HIV/AIDS epidemic is to be stopped or at best slowed, adolescents and youth need to be targeted. Epidemiological data have demonstrated that the period 5-15 year is relatively free of HIV infection hence termed coined **A window of hope.** AIDS prevention programs targeted at young people have generally fallen into two categories: i) school programs and ii) outreach programs. Under the two, family life education (FLE), peer education, youth counseling clinic, and communication through entertainment media and print, as well as condom distribution programs have been utilized. The essence of an AIDS prevention program is its ability to convey to youth, in school and out of school, information and education to assist in the delay of sexual debut and to encourage the adoption of safer sex practices for those who are sexually active.

In Kenya, the lack of policy support for youth programs has led to the mushrooming of small discrete programs targeting youth. The school family life education program is extremely controversial. The effectiveness of conveying AIDS and other reproductive health information through this channel is questionable. The Kenya Youth Initiative Project (KYIP) was a national communication response designed to address this situation at two levels: i) the youth reproductive health policy environment, and ii) lack of information available to youth. KYIP's advocacy program addressed the policy issue and the processes of alternative reproductive health education to in- and out- of school youth and parents.

Using a systematic communication process and relying on qualitative research findings, programmatic decisions were made and strategies, messages and materials were designed and developed for the two components. Two radio programs and print materials were developed for parents and for youth. Evaluation results found that more than 50% of youth, surveyed in a national household study, listened to the Youth Variety Show, the radio program which was the main educational piece. Twenty-four percent reported adopting healthy behavior, including seeking health services for the first time. A comparative review found that the radio program content covered all the FLE topics in greater depth and additional topics. The cost of reaching one adolescent (15-24) was US\$0.03 and US\$ 0.12 per adolescent who reported behavior changed as a result of participating in the program.

Under the advocacy component of the program, materials intended for leaders and policy makers with information about the reproductive health problems faced by youth were combined with messages encouraging policy-makers' involvement. Through trained youth advocates at both national and district levels, 10,000 leaders throughout the country were reached at the advocacy meetings. The advocacy campaign heightened public discussion of youth reproductive health issues at all levels and contributed significantly to the drafting of appropriate population policy guidelines and the sessional paper on HIV/AIDS supporting the provision of reproductive health information and services to youth.

The Kenya Youth Initiatives Project meets the five criteria defined by UNAIDS "Best Practices Guidelines" : effectiveness, ethical soundness, relevance, efficiency and sustainability. Among the key lessons learned

were the following; 1) involving many partners working with youth was essential to the program's success, 2) using a systematic approach to design, develop and implement the communication intervention was the program's cornerstone. Specific to the IEC for youth component, the following lessons were learned: 1) radio was an excellent medium to reach youth with reproductive health information, 2) using a variety show format provided an attractive and appropriate vehicle to ensure youth participation and to tackle sensitive issues around sexuality, 3) producing quality products attracted sponsorship to offset initial production costs. Under the advocacy component, key lessons learned included: - 1) it is important to recognize leaders as parents and to appeal to them in this role, 2) developing a consistent message based on similar facts and figures ensures synergy among individual components of a multiple-level advocacy strategy; 3) a clear call to action assures translation of the advocacy message into concrete action.

1. COUNTRY BACKGROUND

1.2_ Status of HIV Infection Among Youth in Kenya

Kenya's population was estimated at 29 million in mid-1997, with almost half this population being under the age of 15 years. By the age of 19 years approximately half of the boys and girls have had sex. Many, of those who become sexually active lack the knowledge and skills to protect themselves against contracting STDs/HIV and unwanted pregnancy. National statistics indicate that since the HIV/AIDS epidemic began, more than 1.5 million Kenyans have been infected with HIV. Consistent with the trends in many African countries, a significant proportion of new infections are between 15 and 24 years in Kenya. The number of 15 to 24 year old youth expected to be HIV positive by the year 2005 is estimated to be 571,000.

The high numbers of youth with HIV/AIDS and those experiencing unwanted pregnancies and abortions demonstrate the need for appropriate information and services. In Kenya, the sexual behavior of young people has not dramatically changed in the last 30 years as demonstrated by comparable data over this period for the median age at first intercourse. The socio-economic environment however has changed substantially in that same time period. Thirty years ago traditional systems were in place to ensure the nurturing of young people into adulthood, providing appropriate information and guidance. These traditional systems have broken down due to a number of factors including rural-urban migration and the influence of western culture through the media. The youth of today readily receive information about sexuality from the mass media, peers and newspapers. Kenya youth of today are constantly bombarded with mixed and potentially confusing messages.

Evidence of lack of knowledge among youth 15 - 19 years was found when a national IEC situation and AIDS survey was carried out. The survey, conducted in 1995, found that nearly a third of the youth in this age group believed mosquitoes transmit HIV. About 20 percent also believed that one can acquire HIV from used clothes or from sharing household utensils with an infected individual. Another 10 percent believed that casual contact such as shaking hands, can transmit the virus, while a similar proportion believed that one can acquire HIV/AIDS through witchcraft. Many young people were found to be skeptical about the use of condoms to prevent HIV transmission. For instance, a third of all adolescent interviewees and nearly 40 percent female adolescents did not believe condoms protect against HIV/AIDS.

1.2 Context of Aids Education in Kenya

The school system offers an organized institution that can be used to teach, train and educate young people. A variety of approaches to school-based AIDS education have been used in numerous countries with different levels of success. Kenya has recently changed its school system to an eight (8) - primary, four (4) secondary, - four (4) graduate school system. In 1989, total enrollment in primary school was 95 percent (of all eligible for enrollment), 76 percent in 1996 and 84 percent in 1997. Enrollment for secondary school was 30.7 percent in 1996 and 26.7 percent in 1997. The Ministry of Education indicates that out of 484,585, boys who enrolled for primary level education in 1990, only 207,580 completed primary level education in 1998. For girls, enrollment in 1990 at the same level was 457,151 with only 209,580 completing primary level education at grade 8. For both boys and girls, the primary school completion rates is approximately 46 percent. It is unfortunate that more than half of all boys and girls will drop out of

school by the end of primary level education. Some reasons for dropping out include lack of school fees, lack of interest, pregnancy and early marriage. For those who remain in school, the conditions in the teaching environment for many are considered below ideal. As the 1998 UNICEF's State of the World's Children report stated, "Sometimes there is not even a chalkboard. Classrooms in the rural areas tend to be roughly constructed. With daylight the only illumination, the rooms are dim and conditions miserable. Massed together in overcrowded rooms, children struggle for space, for a modicum of attention from an overtaxed teacher, for a glimpse at a tattered text often in a language they cannot grasp. With little to engage the students, teachers resort to rigid discipline and corporal punishment. What is taught has little relevance to the children's lives." (UNICEF, 1998)

It is well documented that pregnancy is the primary reason for girls dropping out of high school. The severity of this important reproductive health issue prompted a response from government in 1987. The Family Life Education program (FLE) was designed and developed through a participatory process involving major stakeholders to address the lack of reproductive health information in schools. FLE is currently taught in primary schools as a tag-on to carrier subjects: Geography History and Civics (GHC) and Home Science (HS). In secondary school, FLE is taught in the subjects social education and ethics. FLE is also taught in small scale discrete programs by religious organizations and by a number of non-governmental organizations, such as the Family Planning Association of Kenya, Kenya Red Cross, the Aga Khan Foundation, Kenya Scouts and Kenya Girl Guides.

Since its introduction into the Kenya school system, Family Life Education has unfortunately not been very widely supported. Failure on the part of the government to advocate with stakeholders before the program's start-up resulted in a great deal of suspicion and lack of support. FLE has become highly politicized. Strong religious groups continue to actively lobby against the teaching of FLE in schools. Equally unfortunate is the media dissemination of contradictory information attributed to government. This hostile environment has made it impossible to institutionalize FLE in the schools.

The hostile environment notwithstanding, Family Life Education in Kenya has been criticized for a number of reasons;

- FLE is little understood even by top education managers, political leaders and professionals which has resulted in a lack of support for it;

- FLE curriculum scope and depth are not clearly defined, resulting in a skepticism from the general public on its aims and objectives.
- FLE does not reach all target groups, for instance students below primary level five(5), above primary level eight(8) and out of school youth;
- Important issues of FLE curricula are absent or diluted when amalgamated with carrier subjects as is currently the case. Objectives fall short of equipping youth with necessary skills to respond to real sexuality issues and situations that face youth;
- Instructional materials for training of trainers were not adequately prepared to support the curriculum;
- The diversity of education systems in Kenya does not allow for standardization of FLE and for other material such as the vernacular syllabi.
- There is no fora to share experiences, materials in and out of school.
- The Educational Act in Kenya does not allow the Ministry of Education to act independently of stakeholders therefore ceding involvement to outside interference in the process of implementation.

FLE is also being taught by other organizations outside of school. However, these efforts are not well coordinated, documented or evaluated. In an effort to change this desperate situation, UNICEF, in coordination with the Kenya Institute of Education and Ministry of Education, began in 1998 to support the introduction of AIDS education in primary and secondary school through an AIDS Prevention Education Project. The project is currently training trainers and producing student text books for AIDS education at the primary and secondary levels, along with teachers' guides. Given the number of schools in the country and limitations in teacher training, it will take a number of years to achieve adequate national coverage. In 1994, when the Kenya Youth Initiatives Project (KYIP) was started as a national communication response to the dearth of AIDS education/FLE in school, a solution to this lack was not foreseeable. It now appears that an alternative may have been found.

2. DESCRIPTION OF PROGRAM

2.1 Program Start up

The Kenya Youth Initiatives Project was designed collaboratively by the National Council for Population and Development (NCPD), the Family Planning Association of Kenya (FPAK), Family Planning Private Sector (FPPS) and the Johns Hopkins University Population Communication Services (JHU/PCS) following an analysis of the 1992 needs assessment data. KYIP was initially implemented under the Chairmanship of NCPD and guided by a Project Advisory Committee consisting of representation from twenty-five youth serving organizations in Kenya. JHU/PCS provided technical assistance and funding was provided by the United States Agency for International Development (USAID).

The project broadly sought to advocate for an enabling youth reproductive health policy environment and to provide IEC to policy makers, youth and parents. Two primary target audiences were defined by the project: 1) youth in and out of school, ages 10 to 19, (with parents and school teachers as secondary targets), and 2) community, district, and national level leaders in Kenya.

The overall project goal was to reduce the high rates of unwanted pregnancies and sexually transmitted diseases, including HIV/AIDS, among Kenyan youth. The project also defined specific communication objectives for both primary target audiences.

For community, district and national leaders:

- 1) To increase the knowledge of policy makers and community leaders about the consequences of unwanted pregnancies, STDs and HIV/AIDS among Kenyan youth;
- 2) To encourage policy makers and community leaders to support and advocate for the appropriate sexuality education, counseling and services for youth;

For youth and parents:

- 3) To increase the knowledge of 10 - 19-year-old youth about consequences of irresponsible sexual activity, and improve their attitudes toward health and responsible sexual behavior;
- 4) To encourage youth who are not sexually active to postpone the onset of sexual activity, and to encourage sexually active youth to seek counseling and appropriate services; and
- 5) To provide parents with information of reproductive health and foster communication between youth and their parents about sexuality issues.

Institution-building objectives were also defined, specifically to:

- 1) Improve the capability of NCPD to coordinate a comprehensive national youth IEC program within the strategic framework of the national population program
- 2) Establish within youth serving organizations the capacity to design, implement and evaluate a comprehensive youth IEC program designed to achieve measurable change in young people's sexual behavior.

2.2 Methodology

The KYIP project was developed following a systematic communication intervention planning process

based on the AP@Process¹ operational framework. Project design, development, implementation through to evaluation followed the five steps of the P-Process: 1) analysis, 2) strategic design; 3) development, pretesting and production; 4) management, implementation and monitoring; and 5) impact evaluation.

As a first step, the project defined two components with distinct but complimentary strategies: i) advocacy and networking and ii) IEC to youth and parents. Extensive qualitative research was carried out to guide the development of messages and materials for the information and education campaigns.

2.2.1 Analysis

➤ Literature review of adolescent sexual and reproductive health on Kenya

A literature review which examined 60 citations revealed that appreciable proportions of youth are sexually active and experience low contraceptive use due to both monetary and psycho-social costs. As a result, the level of unwanted pregnancy is high. Abortions are common and the incidence of STDs and HIV infection among the youth has increased. The review also found that appropriate services for young people are lacking.

The review pointed to a need to create and support youth-friendly policies and programs, programs that link youth to services and the use of a variety of media to reach policy makers, youth and parents with reproductive health information.

➤ In-depth interviews with policy makers and leaders

In-depth interviews were carried out at the national, district and community level with political, administrative, civil, religious, and other leaders in twelve districts to learn more about their perceptions of, and attitude's toward, youth reproductive health issues. Although leaders were aware of adolescent reproductive health problems, they did not associate them with negative or non-supportive policies, nor did they see a role for themselves as policy makers in minimizing or managing these problems. Interview results revealed that many leaders favored providing family life education and services to youth. They, however, expressed apprehension about publicly supporting programs for youth since youth reproductive health is considered such a controversial issue.

➤ Review of legislation and policies

Kenyan laws, sessional papers, general guidelines, public pronouncements, and previous national leaders' conferences pertaining to adolescent health were reviewed. This document review revealed serious ambiguities and misinterpretations pertaining to adolescent health. Moreover, it became clear that

¹Developed by the JHU/CCP, the P-Process is framework that outlines step-by-step, how to develop an effective health communication project. It is based on the over 15 years of experience that JHU/CCP has gained through health communication interventions worldwide.

often legal inferences affecting youth are inappropriately made from laws written for and about children and the general adult population. The provision of reproductive health services to adolescents is prohibited without parental consent in Kenya. The Kenya government has been clearly reluctant to make reproductive health information or contraceptive counseling services available to adolescents. In conclusion, the review revealed that there is **no single legislation** in Kenya dealing exclusively with adolescent reproductive health.

➤ Media Content Analysis

The analysis of media coverage examined newspaper and magazine reporting on adolescent reproductive health issues. The analysis found that media coverage was more personality driven than issue directed and that public pronouncements or views expressed by powerful individuals were perceived as policy. Often those that expressed opinion sought to serve a political agenda. Among the findings was that compared to other news, there was relatively low coverage of adolescent reproductive health issues. Issues regarding morality were found to receive more media attention, particularly if they pertain to youth; issues on youth sexual behavior tended to be provocative, thus eliciting controversy rather than resolving important issues.

Media content analysis was used throughout the life of the project to monitor the changing environment.

➤ Focus group discussions with adolescents and parents

Through focus group discussions with youth and parents, it was found that both parents and young people were concerned about youth reproductive health. Both adolescents and their parents felt that they had poor relationships with each other and expressed interest in developing skills to improve communication. They also requested information on reproductive health.

The qualitative research findings were used to design appropriate strategies and to guide the development of messages and materials under each component. From this point on, the document will examine the two project components, Advocacy and IEC to Youth, separately.

ADVOCACY

2.2.2 Strategy Design for Advocacy

The strategic design for the advocacy component set out to enhance public debate about adolescent reproductive health programs with the following messages:

- Be a caring leader and invest in the health of the youth. Youth reproductive health problems lead to socioeconomic burdens are preventable. They are preventable.
- The consequences of youth engaging in sexual activities are life threatening and costly.
- Leaders have an important role to play. It is their responsibility to speak up and support the improvement of reproductive health policies and programs for youth.

2.2.3 Development, Pretesting and Production for Advocacy

The advocacy materials developed in the workshop were:

- A set of fact sheets on sexual activity among youth, rates of unwanted pregnancies, harmful practices facing youth, STDs including HIV/AIDS, and abortion.
- A wall chart highlighting the plight of the youth.
- A booklet to encourage dialogue among leaders and to present statements from key policy leaders endorsing the advocacy cause.

An attractive Strategy Pack folder was used to package the material with the inscription - *Tetea Vijana* (Swahili for "Advocate for Youth").

The materials encouraged leaders to SPEAK UP publicly in favor of programs that provided appropriate RH information, counseling and services; ADVOCATE FOR AND SUPPORT bills and policies that facilitated access to appropriate reproductive health information, counseling and services to assure the health of Kenyan youth; INITIATE AND ENCOURAGE positive and collaborative dialogue at all levels in society.

The materials were pretested with leaders, revised, and printed. Three thousand complete folders were produced for distribution.

2.2.4 Implementation for Advocacy

District level advocates were identified through a collaborative method involving the district development committees, district health management teams and the project advisory committee. In total, 38 district community-based advocates were identified and trained for one week. Action plans were developed by the end of the training to guide advocacy activities at the district level. The advocates were provided with Strategy Pack materials and Advocacy Activity Report forms to aid reporting of their activities and monitoring. The advocates received nominal financial assistance to facilitate travel and related expenses. At the national level, members of the Project Advisory Committee advocated individually with national level leaders, including legislators, religious and administrative leaders as well as parastatal heads.

A unique advocacy opportunity presented itself through the Regional Leaders Conferences held coincidentally at the beginning of the KYIP campaign period. The conferences were convened to solicit leaders input into the draft Sessional Paper number 4 on Population and Sustainable Development developed by the National Council for Population and Development (NCPD). Members of the KYIP Project Advisory Committee participated in the drafting of the policy document on the Population and Sustainable Development section affecting youth and in the presentation of the policy paper during the leaders' conferences. During the same forum, the Strategy Packs were given to participating leaders and an assessment of their perceptions of the pack was carried out.

2.2.5 Monitoring and Evaluation for Advocacy

District advocates recorded their advocacy activities on an advocacy activity report form that was submitted to the Project secretariat for review and analysis. The Strategy Pack evaluation forms were used to evaluate leaders' views on the materials during the Regional Leaders Conferences. Reports on national level activities: legislators' luncheons, media personnel luncheons provided information on these

advocacy activities.

IEC to Youth

2.2.6 Strategy Design for IEC to Youth

A one-week strategy design and message and material development workshop was held involving members of the Project Advisory Committee. The strategic design developed from the qualitative data set out; 1) to provide youth with information on reproductive health from the proper sources and 2) to encourage responsible sexuality and promote the major benefits for a brighter future for youth. The key campaign messages were;

In order to secure a bright future (education - careers success) -

- Get the facts to make good responsible decisions about your life;
- Talk to a trusted adult like your parents or visit a youth serving centers and get information about how you can avoid pregnancy and STDs including HIV/AIDS.

2.2.7 Development Pretesting and Production for IEC to Youth

Materials developed and produced during and after the workshop were:

- 1) An hour-long weekly radio youth program - **Youth Variety Show** - starring a popular DJ and an informative and entertaining host. The radio format uses an innovative interactive approach through live studio phone-ins to respond to questions raised by listeners.
- 2) A fifteen minute weekly radio program - **Dau La Ujana** - in the format of a Swahili serial drama that weaves information on reproductive health into the storyline and encourages dialogue between youth and their parents.
- 3) **Teen Bus** - a weekly column for youth contained in the East African Sunday Standard insert magazine - **NOW** - initially a spin off of the Youth Variety Show. The column weaves the same reproductive health messages presented on radio through youth testimonials and advice from the youth. The column also promotes youth counseling centers.
- 4) Three booklets were developed, pretested and produced. These were i) **Were You Ever Nine?** Enabling parent-youth communication ii) **Enjoy** - managing boy-girl relationship - iii) **Play the Game Right** - getting information about pregnancy and STDs including HIV/AIDS.

The materials were extensively pretested, revised, printed and distributed through the network of youth serving organizations. The broadcasting of both radio programs started at the same time the print materials were being distributed.

2.2.8 Implementation for IEC to Youth

In preparation for the anticipated increased attendance to youth counseling centers, a one day orientation workshop for youth counselors was held. The forum provided an opportunity for youth service providing organizations to network and enabled the distribution of print materials for youth.

Eighty (80) episodes of the Youth Variety Show were produced. The radio series featured the latest music and well-known success personalities. A prize-winning quiz increased the popularity of the show. Youth participated through discussion panels, playlet and through sharing their testimonies on the program. In order to increase participation of youth from the community level in the show, the production crew traveled to different parts of the country to collect data for the show. Youth serving centers were also advertised during the program.

Twenty six (26) episodes of *Dau la Ujana* were broadcast through the Swahili service. Aiming primarily to encourage parent youth communication, the drama contrasted two families where one portrayed good communication, while the other poor communication. Using many Swahili idioms and humor, the challenges faced in the different families are woven into an intriguing story. *Dau La Ujana* is Swahili for The Youth Boat.

The newspaper column *Teen Bus* followed the format of the Youth Variety Show featuring a weekly theme in line with the radio program. A youth testimonial, slice of advice from an expert and a comic strip made up the column. A list of the same centers advertised on the youth radio program is listed the newspaper.

The National Drama Festival is held every year in Kenya with theater production from throughout the country. Under different thematic categories, knock out competitions in drama, verse and dance are held from the grassroots (zonal) level to the national level. The festival is highly publicized and forms an important part of the extracurricular program for schools and colleges in Kenya. Trophies are awarded for the piece (drama dance or song) under each category. The project sponsored a new class in the festival - **Youth and Responsible Health Behavior**, purchasing trophies to be competed for at all the different levels. Prior to the festival, primary and secondary school drama teachers were trained and encouraged to integrate the project messages into drama, dance and verse performances. Adjudicators from around the country were also oriented on how to adjudicate the entrants for the class. The first festivals, for students in the new class, took place from January to April 1996. The trophies are perpetual ensuring that this thematic category will continue as long as the national drama festival continues in Kenya.

In collaboration with the Kenya Association for the Promotion of Adolescents (KAPAH), the distribution rights of - **More Time** - a full feature film produced in Zimbabwe about challenges in growing up and relationships that young people face was purchased. Promotion of the show through attendance to the premiere show of Kenya's Attorney General Amos Wako and visit of the films lead actor and star Prudence Hatomeni ensured high attendance and to the film. *More Time* ran for one month uninterrupted in one of the most patronized film houses. Through promotional visits to schools and other institutions, the lead player presented an excellent role model and encouraged youth to make responsible decisions about their lives. A discussion guide was developed to accompany the video version of the film which was then distributed to youth serving organizations in the project advisory committee and in KAPAH.

2.2.9 Monitoring and Evaluation for IEC to Youth

Monitoring and evaluation focused on the main communication activities, the radio shows Youth Variety Show and Dau la Ujana. Once launched, both programs (radio) were monitored by a panel of young people and parents. Each listening panel compiled a report which was sent to the production team every week. The production team incorporated regular feedback from the listening panel to ensure the programs were responsive to the audience.

The program's evaluation activities included two national household surveys, clinic statistics from selected sentinel sites and content analysis of letters from youth.

3. MEETING THE UNAIDS BEST PRACTICES GUIDELINES

The Kenya Youth Initiatives Project was initiated to inform youth about responsible sexual behavior, to encourage parent-youth dialogue and to reform the policies that affect adolescent reproductive health. The program meets the UNAIDS guidelines for Best Practices in School AIDS Education as it seeks to provide complimentary AIDS education information through alternative channels targeted at both in-school and out-of-school youth. The project also seeks to address the environment within which the AIDS information in school took place, particularly FLE.

3.1 The Extent to Which All 5 Criteria Were Met

The Kenya Youth Initiatives Project meets the five criteria defined under the category Best Practices in School AIDS Education. This section, provides a list of each criterion and the aspects of the program that address each in relation to the two different components of the project; 1) advocacy for policy-makers; and 2) information, education and communication (IEC) for youth.

The table below summarizes key elements of the program in relation to the UNAIDS Best Practices Guidelines.

Meeting the UNAIDS Best Practice Guidelines= The Kenya Youth Initiative Project (AKYIP@)		
<i>Criteria</i>	<i>Advocacy</i>	<i>IEC to Youth</i>
Effectiveness and Impact	<ul style="list-style-type: none">▪ 10,000 leaders were reached▪ Policy makers were highly supportive▪ Advocacy materials were widely used▪ Articulation of policies that encouraged provision of reproductive health information and services to young people was facilitated	<ul style="list-style-type: none">▪ High listenership among the youth▪ Many young people took action as a result of listening to the programs.
Ethical Soundness	<ul style="list-style-type: none">▪ Recognized the interconnectedness of RH policy and programs for young people and sought to facilitate this.▪ Used current statistics to develop advocacy case.▪ Called leaders to specific action	<ul style="list-style-type: none">▪ Met critical reproductive health needs among the youth to provide life saving information.▪ Information was linked to RH services.▪ Brought organizations serving youth together to develop a strategy that was widely accepted.

		<ul style="list-style-type: none"> Continued to respond to youth needs
Relevance	<ul style="list-style-type: none"> Responded to an unfriendly policy environment; Responded to a lack of knowledge and awareness among leaders and policy makers about the reproductive situation facing youth 	<ul style="list-style-type: none"> Addressed real youth reproductive health needs. Made up for the non-effective Family Life Education in schools. Used a holistic approach to AIDS information in the context of reproductive health. Reached both in- and out- of school youth. Used a multimedia approach Used an enter-educate approach with an interactive component
Efficiency		<ul style="list-style-type: none"> Reached large numbers of youth in different settings Cost to reach a young person with information was low Cost to achieve behavior change was low

Sustainability	<ul style="list-style-type: none"> Shared the cost of program implementation Cooperate and donor sponsorship provided to support the radio program Project leadership by government institution assured governmental support Project catalyzed the start up of community youth IEC and advocacy activities Capacity building of implementing organizations in 	<ul style="list-style-type: none"> Shared the cost of program implementation Cooperate and donor sponsorship provided to support the radio program Project leadership by government institution assured governmental support Project catalyzed the start up of community youth IEC and advocacy activities Capacity building of implementing organizations in design, development, and
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	design, development, and implementation of the project ■ Lessons learned fed back into continuing program and process documented	implementation of the project ■ Lessons learned fed back into the program and process documented
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3.2 RATIONALE

3.2.1 Effectiveness and Impact

Advocacy Component

In order to monitor the advocacy component, district advocates were invited to record their advocacy activities on an advocacy activity report form that was submitted to the Project secretariat for review and analysis. The Strategy Pack (an advocacy tool) evaluation forms were used to evaluate leaders' views on the materials during the Regional Leaders Conferences. Reports on national level activities including legislators' luncheons, media personnel luncheons provided information on these advocacy activities.

Through the advocacy activity:

10,000 leaders were reached: Evaluation results estimate that nearly 10,000 leaders were reached by this national effort, including community, district and national leaders.

Policy makers highly supportive: Policy makers and leaders all over the country were highly supportive of providing adolescents with education and counseling, and there was considerable support for adolescent reproductive health services. Concerns about providing youth with contraception remained however especially among Catholic leadership. Leaders' support for advocacy materials was highly enthusiastic with more than 90 percent responding that they would use the project materials in the community meetings and expressing a desire to be more involved in youth issues.

"The youth must be given accurate information on their reproductive health and sexuality to help them grow into responsible adults"

Honorable R. Oyandi, Assistant Minister in the Office of the President

Advocacy materials widely used: The Strategy Pack became an important source of information for leaders and there is evidence that policy makers used and continue to use the information contained therein in public meetings. It is evident that many leaders who were vocal against adolescent reproductive health interventions toned down their opposition.

Facilitated articulation of policies that encouraged reproductive health information and services to young people: The participation of members of the Project Advisory Committee in the drafting of the policy paper no.1 of 1997 helped translate a policy supportive of the provision of appropriate reproductive health information and services to youth. The Ministry of Health plans a National Reproductive Health Policy explicit for the provision of appropriate reproductive health services to youth. Following an advocacy luncheon with legislators, individual members present at the forum raised specific concerns about the plight of youth reproductive health. These progressive steps show that Kenyan leaders are ready to assist in addressing the reproductive health crisis facing today's youth once provided with information.

IEC to Parents and Youth

The effectiveness of this component was assessed through project monitoring and evaluation activities which included:

- A household survey conducted by a local research marketing firm, Research International, between December 1995 and January 1996 to assess program exposure among adults and adolescents. A similar survey held in August 1996.
- Clinic statistics from three sentinel clinics serving young people to assess exposure and whether more youth attend the facilities as a result;
- A content analysis of letters written to program producers.

High listenership among the youth: Evaluation results through the household survey suggest that over half the youth interviewed in the nationwide survey were listening to the *Youth Variety Show*, as were 41 percent of adults. About 40% youth and adults were listening to *Dau la Ujana*. Further results of exposure to the two programs show that nearly 55 percent of young people ages 15 to 24 reported listening to the *Youth Variety Show*, while nearly 40 percent reported listening to *Dau La Ujana* (see Table 1).

Many young people took action as a result of listening to the programs: Nearly a fifth of the youth listening to the show had taken some action as a result of listening to the show - either called in, wrote to the show, visited a youth counseling center, talked to an adult about the issues, or thought about the issues. Roughly 12 percent reported speaking with someone about related reproductive health issues, eight percent reported thinking more about the show's issues, one percent wrote or called the show or visited a youth center as a result of listening to the show.

These figures may not seem significant, but when taken in the context of adolescents and their perceived need and ability to take action, they suggest that the program was eliciting some positive response. For example, those who were not sexually active may not have used the information learned from the show until later. Others may not have been able to visit a youth center because of the limited numbers of such facilities in Kenya.

Young people seem to be interested enough in the programs to invite others to listen as well. Many recommended the show to their friends. For example, 23 percent of young men and 28 percent of young women had already recommended the Youth Variety Show to someone.

Service data were collected from three centers that serve young people. Each day, new clients are interviewed and asked how they learned about the facility. Figure 4 shows that radio has become an increasingly important source of referral to the clinics. For example, at the inception of the campaign, only 23 percent of first-time clinic visitors cited radio as their main source of referral to the clinic, compared to 48 percent citing friends and 42 percent clinic personnel. By the fourth month of the campaign, June 1995, radio had become one of the main sources of referral, cited by 56 percent of the new clients, compared to friends (also cited by 56 percent) and surpassing clinic personnel (cited by 39 percent).

Clinic data also allow insight into whether there has been an increase in the number of young people listening to the radio programs over time. The results suggest a gradual rise in the number of listeners. For example, Figure 5 shows a steady increase of young people reporting having heard of the Youth Variety Show, from 39 percent in March, 40 percent in April, 51 percent in May, and 71 percent in June 1995 (the last month of complete data available). Listenership of Dau La Ujana had also risen, from about 3 percent in March to 7 percent in April, 13 percent in May, and 15 percent in June (see Figure 6).

More than 800 letters were received in response to the program. Comments from letters and telephone calls indicate the programs had become an important source of reproductive health information for parents and youth. Following is an excerpt from letters received: (on the Youth Variety Show) -

"I am so encouraged by this program because It really helps a lot. I get to learn by hearing about what is happening to other youth like me and I get what to do if it happens to me..." Female 21 years, Nakuru

"Thank you for introducing this program. Sincerely speaking it has helped me understand (life) better than before ..." Male 20 years, Kisii.

3.2.2 Ethical Soundness

Advocacy

- **Recognized the interconnectedness between reproductive health policy and programs for young people and sought to address this:** A strong supportive reproductive health policy facilitates the creation, development and growth of programs while a weak policy can be the greatest hindrance to RH programs for youth. The latter was the case in Kenya. The program sought to address this environment through advocacy with leaders and policy makers.
- **Used current statistics to develop advocacy case:** The program's strategy was based on realistic goals developed from qualitative research including a thorough review and understanding of the policy environment. The materials developed documented the magnitude of the reproductive health problems among the young people. This, in addition to the projected, economic, social and development consequences if nothing was done, created a sense of urgency to the matter.
- **Called the leaders to specific action:** The materials suggested the role leaders and policy makers could play in reversing the deteriorating RH trend and concretized this in a clear call for action.

IEC to Youth

- **Designed to meet critical reproductive health information needs among the youth to provide life saving information:** Any program that provides young people with information on how to avoid getting infected with the HIV virus is ethical in its endeavor. This was the object of the IEC to young people under the KYIP. The project provided this information in the context of reproductive health recognizing that contracting HIV is only one of the many consequences of unprotected sexual activities. It went a step further to respond to information needs outside of sexual health pertaining to young people's aspirations and ambitions. The materials made a clear call for action to young people.
- **Information was linked to services:** Recognizing that some young people are already sexually active and that not all information needs could be met on the radio or through the print materials developed under the program, information was provided on reproductive health services that young people could visit. Before the start of the radio program, organizations involved in providing services to young people were oriented on counseling and meeting other reproductive health needs of young people. The forum provided an opportunity for these organizations to network and prepare for the anticipated increase by youth clientele of their services as a result of promotion through the radio. Organizations were also provided with resource materials.
- **Brought organizations serving youth together to develop a strategy that was widely accepted:** The coming together of more than twenty five youth serving organizations under the Project Advisory Committee was a strategic response to the non enabling policy environment which had resulted in small non consequential youth

reproductive health programs. This concerted effort ensured a harmonious IEC approach to reproductive health, minimized duplication of effort and provided a ready constituency under each organization through which the program could be popularized.

- **Continued to respond to youth needs:** Monitoring the program through letters and telephone calls from youth, youth participation in the program and feeding back lessons learned into the program ensured adherence and responsiveness to young people's needs by allowing the youth to set the program agenda.

3.2.3 Relevance

Advocacy

This component responded to;

- **An unfriendly policy environment:**

The lack of knowledge and awareness among leaders about the reproductive health situation facing youth: At the onset of the project, the Kenya Government was reluctant to make reproductive counseling services available to adolescents and to provide reproductive health services to youth without parental consent. The advocacy component therefore directed its effort appropriately to enhance public debate on youth's reproductive health, give policy makers the facts about reproductive health and encourage them to advocate for, and support bills and policies that would facilitate the provision of reproductive health information and services to youth.

IEC to Youth

- **Addressed real reproductive health needs among the youth:**

Made up for the nonfunctional family life education that was not being taught in school: Escalating figures of young people initiating sex early, experiencing unwanted pregnancies and abortions and contracting STDs including HIV/AIDS, were proof enough that something needed to be done. Qualitative research found that youth needed accurate information about reproductive health. As family life education (FLE) was not being carried out effectively in the school system, ridden with controversy between the government and the church, the Youth Variety Show provided a viable alternative. A comparative review of curriculum content between the two showed that the Youth Variety Show covered more topics and in greater depth than the FLE curriculum. The program format took cognizance of the sensitivity of discussing youth sexuality and ensured anonymity to individuals who asked questions via telephones or letters through the program. Expert professionals who were knowledgeable on the subject matter and familiar with dealing with youth participated in the show enhancing its credibility and appeal. The program's relevance was also seen in recognizing that health services were important when dealing with issues of sexuality and reproductive. Information about existing services was provided as a part of each program standard information.

- **Used a holistic approach to AIDS information:** The program contextualized AIDS information within the wider range of concerns that the young person experiences. Relevant issues that impact the total livelihood of the young person such as relationships, self esteem, how to choose a career, time-management was tackled.
- **Reached both in- and out- of school youth:** Use of the radio ensured reach to a wider audience: both in- and out of school youth. The use of radio overcame the barrier that may have been created by lack of teachers, inadequate training of trainers and barriers that occur in the teaching environment. This was an important consideration recognizing that in Kenya, only 10% of the approximately 500,000 pupils who finish primary level school actually proceed to high school. The medium used was one that youth accessed easily and were attracted to. A national IEC survey carried out in 1995 found that youth get most of their information about AIDS from the radio.

- **Used a multimedia approach:** In order to strengthen and reinforce the message to the intended audience, a multimedia approach was used. Booklets for youth, school drama and dance were used as additional media to complement the radio.
- **Used an enter-educate approach with an interactive component:** The use of an entereducate approach to package the message in the Youth Variety Show enhanced its appeal and subsequent consumption by the youth. The interactive component provided an opportunity to ask questions and receive answers anonymously. The program content was strongly youth driven.

3.2.4 Efficiency

- **Reached large numbers of youth in different settings efficiently:** Kenya is a low resource country that relies heavily on radio as its primary mass media channel. Radio was therefore an appropriate medium of choice for the program and ensured reach of a larger proportion of the intended audience with a uniform message. The evaluation data were desegregated by gender, age and rural/urban variables. As shown in the table below, while there was certain listenership variation within these audiences, radio had high reach among all groups.

Table 1.
Percent Distribution of Respondents Who Reported Listening to the *Youth Variety Show* and *Dau La Ujana*, by Selected Characteristics: Omnibus Survey, Kenya, 1995

Characteristic	<i>Youth Variety Show</i>		<i>Dau La Ujana</i>	
	Youth 15 to 24 (N=803)	Adults 25 and over (N=1,197)	Youth 15 to 24 (N=803)	Adults 25 and over (N=1,197)
All	54.9	32.7	39.5	34.9
Gender				
Male	58.4*	32.0	40.3	38.0*
Female	50.4*	33.7	38.4	30.7*
Residence				
Urban	56.1	39.3*	37.4	39.3*
Rural	53.6	26.3*	41.8	30.7*
Socio-economic Status				
Upper	65.9*	33.3*	36.6*	21.3*
Lower Upper	67.3*	45.4*	38.6*	34.7*
Middle	58.6*	36.1*	46.4*	40.2*
Lower Middle	41.7*	25.3*	36.0*	36.7*
Lower	31.5*	14.0*	20.4*	22.8*

SOURCE: JHU/CCP Kenya Youth Initiatives Project (1994-1996).

NOTES: * Differences by demographic characteristics significant at $p \leq 0.05$.

- **Cost to reach a young person was low:** Looking at the projects budget under the three major budget categories (management, implementation and monitoring & evaluation) versus the total number of young people reached, the cost against various indicators was calculated. The Youth Variety Show reached 3.3 million youth, at a cost of 0.03 US\$ (three cents) per adolescent reached demonstrating high efficiency.
- **Cost to achieve behavior change was low:** Nearly 1.1. million youth recommended the program to others, at a cost of 0.09 US\$ per youth to encourage other. More than 800,000 took action as a result of the show, at a cost of 0.12 US\$ per youth. Among these, 60,000 visited a youth clinic or wrote to the program producers, translating to \$1.62 per youth who took action.

3.2.5 Sustainability

Advocacy and IEC to Youth Combined

- **Shared cost in program implementation:** Air time was the most costly and potentially unsustainable aspect of the radio programs. The Kenya Broadcasting Corporation accepted to co-produce the show and consequently waived 75 per cent of the air time cost (US\$ 2,625 per program). As long as the program runs, the Cooperation is committed to this contribution.

Youth serving organizations provided personnel at no cost to provide advice to the Project Advisory Committee. The organizations also provided a ready distribution network nationally. This set a precedent for participation that can easily be sustained financially through the creation of a sense of shared ownership.

- **Cooperate and donor sponsorship provided to support a radio program:** The programme attracted and continued to attract commercial and other donors such as Johnson and Johnson Kenya Ltd. (J & J (K) Ltd.), Commercial Bank of Africa and United Nations Population Fund (UNFPA). J & J (K) Ltd. sponsored a percent of the program cost, participated in the program production and provided prize packs for a weekly quiz which increased the popularity of the show. UNFPA supported production and broadcasting of a number of the programme episodes and financed the reprinting of the youth print materials. UNFPA is currently funding this program for the next four years, 1998 to 2001. Commercial Bank of Africa supported production of a parent-youth communication booklet.
- **Project leadership by governmental institution provided assured government support:** In Kenya, the issue of youth reproductive health remains highly controversial. The Chairmanship by the government through the National Council for Population and Development (NCPD) ensured that the project was politically correct and well positioned as it had government ownership. With the development in the life of the project of a policy supportive of provision of information and services to youth, the program is sure to enjoy political support toward sustaining it.

In addition, the collaboration of many youth serving organizations provided a strong coalition to ward off any opposition that may have ensued from a national program dealing visibly with youth reproductive health. The Project Advisory Committee also served to popularize project activities through their individual youth constituencies.

- **Project catalyzed the start up of community youth IEC and advocacy activities:** Both the IEC activity to youth and the advocacy activities catalyzed the start up of other community level activities by the target audience themselves. Specifically, many youth formed clubs around the Youth Variety Show to discuss youth reproductive health issues. These groups have continued beyond the first funding phase of the project and are no doubt having a positive effect on youth. Advocacy activities at the district level precipitated community specific youth interventions. For instance, in Homabay, one of the districts in Western Kenya hardest hit by the AIDS epidemic, community leaders speak out in barazas and a local drama group has been formed to mobilize the community around issues that affect youth, including HIV/AIDS.
- **Capacity building of implementing organizations in design, development and implementation of the project:** The articulation of institution building objectives and involvement of staff during the design, development and implementation of the project ensured that there is capacity within the organizations involved to carry on the project.
- **Lessons learned feed back into ongoing program development :** Information and experiences gleaned at the beginning and during the project have pointed to areas of intervention needs that are going to be addressed through other programs. For instance, the need to strengthen youth health services and programs focusing on parent youth communication. These programs indirectly strengthen the program by providing viable links to it. Lessons learned provide useful information that can be fed back into the project to further strengthen it toward improved sustainability. Documentation of all the program processes from its inception to evaluation ensures a reliable road map to continuation and replication.

4. Lessons Learned

Looking at the project as a whole, the lessons learned include:

➤ **Strength in Numbers: a Strong Team is Essential**

Strong partnerships are essential, especially in dealing with young people.

As one of strategies for dealing with a sensitive issue like youth reproductive health, the project elected to work with a number of youth serving organizations to advise in its implementation. A number of benefits accrued to the project as a result of the involvement of the Project Advisory Committee:

- The team provided an excellent coalition front for advocacy. The government leadership of the project positioned proved a wise decision. Participating organizations were convinced that the project received less criticism than had a non-governmental organization taken the lead.
- Every step of the implementation process benefited from the breadth of the participating organizations' expertise and input.
- The creation of a team created a sense of project ownership among the participating organizations.
- Involving multiple partners minimized potential duplication of effort and significantly increased efficiencies, for example, in material distribution and program promotion through established youth constituencies for each organization.
- The combination of youth serving organizations provided additional channels through which messages and materials to the youth could be directed. The participating organizations had different youth constituencies which resulted in an increased reach to more youth. The project activities were also popularized through these means.

➤ **Process in Action**

Following an effective communication planning process was the key to project success. Designing the communication intervention based on a clear understanding of who the audience was and developing a realistic strategy based on this understanding, guaranteed program effectiveness. Use of a systematic approach to communication program planning ensures that a program can be replicated and contribute to the likelihood of sustaining the program.

Lessons learned from the Advocacy Component

➤ **Leaders as Parents:**

Developing a message that addressed leaders as parents first proved powerful and effective. Many leaders empathized with the plight facing youth and were able to give practical solutions to the problems facing youth.

➤ **Consistent Message**

The development of a strategy based on qualitative and quantitative data helped ground the message in the prevailing reality. That youth advocates were trained in this common strategy and provided a common message ensured that they spoke with one voice. Ensuring this important first step, the use of a multi-level approach (district and national) contributed greatly to the project's success.

➤ **Clear Call to Action**

Providing the leaders with some concrete ways in which they could contribute to the solution - the call for action - was important. The attendant benefits for actions suggested were provided to encourage positive and decisive action. This contributed to the project's effectiveness.

Lessons learned from the IEC to Youth Component:

➤ **Radio: an appropriate media**

The large unmet need for sexuality information among young people and adults in Kenya was well documented prior to the implementation of the program. Audience research has also documented the broad needs of radio and listeners' preference for radio. Radio was an effective way of addressing the unmet need among youth.

The IEC National Survey carried out in 1995 found that young people in Kenya obtain most of their information about HIV/AIDS from the radio, followed by friends and then schools. Programme evaluation confirmed this as the radio was found to be the media of choice among the youth, with drama, print and film as support media. Radio is accessible, can be listened to discreetly and provides an avenue for interaction as in the Youth Variety Show.

➤ **The Variety Format: a powerful tool for exploring issues**

The "variety" format was a powerful and flexible tool for exploring personal issues. For example:

i) **Enter-educate approach** - The program capitalized on youth old-age appreciation and attraction to entertainment, particularly music. The program succeeded in holding young people's attention by using a favorite disco jockey as the program's host and by featuring a variety of the latest upbeat music throughout the program. Educational information which was woven into the entertainment. The serial drama *Dau la Ujana*, provided an opportunity to model healthy behavior.

"Sing and the world will sing with you - lecture and you lecture alone."

ii) **Interactive format** Providing an opportunity for young people to call in and write to the program to have their questions answered by credible experts helped the program respond to the youth at their points of needs. The anonymity provided to the youth when asking questions made this feature especially attractive to youth. This interactive format also provided instant feed back to the program and helped guide the design of the scope and content of the program. A major lesson learned was that sensitive issues can often be raised most effectively by the young people themselves.

iii) **Link with Services**

The program's key message encouraged youth to obtain information from the appropriate sources in order to help them make responsible decisions about their lives. The program recognized that many young people need to visit

services to have their needs addressed. On every radio program, a list of facilities where young people could obtain further information, counseling and services. An address was also provided for those who were unable to call into the program and wanted to ask questions.

➤ **Quality Costs Less and Pays Off**

The quality production of the Youth Variety Show and other print materials attracted additional corporate support. Specifically, Johnson and Johnson Kenya Limited provided monetary and in-kind support. The introduction of a quiz supported by J & J resulted in increased popularity for the program. UNFPA provided substantial support toward the production of the radio program in its early days and has currently taken over supporting the radio program and advocacy portions of the program for the next four (4) years. The Commercial Bank of Africa supported production of one thousand (1000) parent-youth communication booklets.

Ultimately a well-done piece attracts additional support and waives the original high cost of quality production.

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